

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000022721

**Entity Name:** PSYCHO-CYBERNETICS, LLC

**Current Principal Place of Business:**

111 2ND AVENUE N.E.  
SUITE 360  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

P.O. BOX 2024  
LUTZ, FL 33559 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COMPARETTO, ANTHONY  
111 2ND AVE NE  
SUITE 360  
ST PETERSBURG, FL 33701 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title OTHER  
Name COMPARETTO, ANTHONY J. ESQ.  
Address 111 2ND AVENUE N.E.  
SUITE 360  
City-State-Zip: ST. PETERSBURG FL 33701

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANTHONY COMPARETTO

OTHER

01/18/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date